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1935.

WESTERN AUSTRALIA.

REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE

YEARS 1933 and 1934.

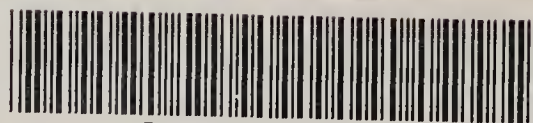
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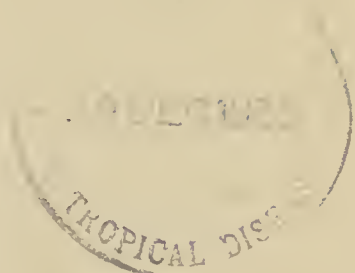
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Report of the Public Health Department.



The Hon. Acting Minister of Public Health.

I have the honour to submit herewith the Report of the Public Health Department for the two years 1933 and 1934.

FINANCIAL.

STATEMENT OF REVENUE AND EXPENDITURE.

Revenue.

								Calendar Year, 1933.			Calendar Year, 1934.		
								£	s.	d.	£	s.	d.
License Fees	...	...	...	...	...	...	...	216	1	3	178	11	6
Meat Inspection Fees	...	...	...	...	...	...	...	4,891	18	8	4,380	11	7
“ Village Area ” Sanitary Contracts	...	...	...	...	...	...	...	150	3	9	176	16	4
Pathological Laboratory	...	...	...	...	...	...	...	427	18	11	444	19	6
Sanitation Refunds	...	...	...	...	...	...	...	113	18	10	134	5	3
Commonwealth Subsidy on Expenditure re Venereal Disease	...	...	...	...	...	...	...	387	0	0	...	...	...
Miscellaneous	...	...	...	...	...	...	...	808	13	8	1,005	8	8
								<hr/>			<hr/>		
								£6,995	15	1	£6,320	12	10
								<hr/>			<hr/>		

Expenditure.

Salaries	...	...	...	...	...	...	...	10,020	4	4	10,036	11	0
“ Village Area ” Sanitation	...	...	...	...	...	...	...	47	5	11	15	5	0
Payment, Local Health Authorities	...	...	...	...	...	...	...	1,353	16	1	2,473	15	4
School Hygiene	...	...	...	...	...	...	...	503	2	9	382	1	5
Travelling and Transport	...	...	...	...	...	...	...	248	10	4	318	0	6
Postage and Telephones	...	...	...	...	...	...	...	231	11	8	183	19	1
Laboratory	...	...	...	...	...	...	...	144	6	3	207	6	9
Venereal Diseases	...	...	...	...	...	...	...	2,693	4	1	2,958	18	11
Miscellaneous	...	...	...	...	...	...	...	1,310	9	9	1,117	13	11
Infant Welfare Centres	...	...	...	...	...	...	...	2,009	9	2	1,964	3	5
Transport of Lepers	...	...	...	...	...	...	...	984	7	8	4,432	14	2
Medical Officer and School Dentist, Travelling Allowances	...	...	...	...	...	...	...	236	15	6	279	4	8
								<hr/>			<hr/>		
Total, Public Health	...	...	...	...	...	...	...	19,783	3	6	24,369	14	2
								<hr/>			<hr/>		

Sanitation of Government Buildings—

Wages	...	...	...	...	...	...	...	239	12	9	95	2	7
Sanitary Charges	...	...	...	...	...	...	...	9,732	6	2	10,736	12	3
								<hr/>			<hr/>		
Total, Government Sanitation	...	...	...	...	...	...	...	9,971	18	11	10,831	14	10
								<hr/>			<hr/>		
Total, Public Health Branch	...	...	...	...	...	...	...	£29,755	2	5	£35,201	7	0
								<hr/>			<hr/>		

VITAL STATISTICS.

Western Australia.

—								1932.	1933.	1934.
Mean Population—										
Males	...	...	...	...	...	...	...	232,837	233,933	234,913
Females	...	...	...	...	...	...	...	202,293	204,850	206,794
Total								435,130	438,783	441,707
Births—										
Males	...	...	...	...	...	...	...	4,122	3,981	3,958
Females	...	...	...	...	...	...	...	3,843	3,893	3,843
Total								7,965	7,874	7,801
Birth Rate—										
Per thousand of population								18.30	17.95	17.66
Deaths—										
Males	...	...	...	...	...	...	...	2,305	2,373	2,531
Females	...	...	...	...	...	...	...	1,410	1,417	1,545
Total								3,715	3,790	4,076
Death Rate—										
Per thousand of population								8.54	8.64	9.23
Natural Increases—										
Rate per thousand of population								9.77	9.31	8.43
*Infantile Mortality per thousand Births—										
Metropolitan Area	...	...	...	...	...	...	...	47.52	35.16	41.26
Rest of State	...	...	...	...	...	...	...	42.31	38.07	40.62
Whole State	...	...	...	...	...	...	...	44.57	36.83	40.89

* Excluding Still-births.

BIRTH, DEATH, AND INFANTILE MORTALITY RATES AND NUMBER OF STILL-BIRTHS, 1925-1934.

—				Birth Rate.	Death Rate.	Infantile Mortality.*			Still-births.	
						Whole State.	Metropolitan Area.	Rest of State.	Whole State.	Metropolitan Area.
1925	...	...	...	21·94	8·89	56·8	72·5	45·6	264	120
1926	...	...	...	21·79	8·79	49·3	58·9	42·3	228	91
1927	...	...	...	21·63	8·65	45·9	57·5	37·01	214	122
1928	...	...	...	21·35	8·93	48·1	60·6	38·3	273	141
1929	...	...	...	21·51	9·34	56·1	65·4	48·4	253	130
1930	...	...	...	21·44	8·79	46·7	51·9	47·2	255	136
1931	...	...	...	19·77	8·51	41·5	46·2	37·8	217	107
1932	...	...	...	18·30	8·54	44·6	47·5	42·3	192	94
1933	...	...	...	17·95	8·64	36·8	35·2	38·1	201	102
1934	...	...	...	17·66	9·23	40·9	41·3	40·6	196	103

* Exclusive of Still-births.

COMPARISON OF INFANT MORTALITY AND GENERAL DEATH RATE.

—			Infant Mortality.			General Death Rate.		
			1932.	1933.	1934.	1932.	1933.	1934.
New Zealand	...	...	31.22	31.64	31.74	8.02	7.98	8.48
Western Australia	...	...	44.57	36.83	40.89	8.54	8.64	9.23
New South Wales	...	...	40.98	39.35	46.36	8.27	8.58	8.95
Victoria	...	...	43.00	40.43	44.63	9.29	9.59	10.18
Queensland	...	...	40.19	42.74	40.61	8.35	8.83	8.57
Tasmania....	...	...	41.19	41.07	42.28	8.90	9.60	10.23
South Australia	...	...	36.62	32.13	35.58	8.58	8.44	9.26

VITAL STATISTICS.

General Death Rate.

Reference to the tables will show a slight increase in the death rates for 1933 and 1934 over that of 1932. In 1934 the rate was 9.23 per thousand of population as against 8.64 in 1933 and 8.54 in 1932. The figures, however, compare favourably with those of the other States.

Infant Mortality.

The infant mortality, that is, deaths of infants under one year, per thousand born, was, for 1933, 36.83, and for 1934, 40.89. These figures are both lower than for the two previous years.

A comparison with other States of the Commonwealth and New Zealand is shown in the table.

The birth-rate shows a further decline, which has been markedly evident during depression years.

INFECTIOUS DISEASES.

Typhoid Fever.

During the two years under review this disease has shown an increased incidence as compared with 1932, when the figure was the lowest recorded. There were 81 cases in 1933 and 87 in 1934. The cases were for the most part widely distributed throughout the State, the highest localised figure being recorded in Boulder in 1933, where 27 cases occurred, and in Kalgoorlie during 1934, where 19 cases were notified.

In the whole metropolitan area of Perth there were 31 cases in 1933 and 22 in 1934.

Dysentery.

Of this disease 8 cases were recorded in 1933 and 11 in 1934, both figures being lower than during the two previous years. The cases were mainly of the bacillary form.

Diarrhoea and Enteritis.

Cases of this disease not being notifiable to Health Authorities, only deaths are recorded. There is little doubt that the falling off of deaths from this disease has been considerable, as a result of the instruction and advice given to mothers in the matter of infant feeding at Infant Health Centres, and the fall in infant mortality can undoubtedly be ascribed to these most desirable institutions and to the better education of mothers resulting therefrom.

The accompanying table illustrates the relationship of this disease to infant deaths. It will be seen that the number of deaths from enteritis was in 1933 the lowest recorded, though there is a slight increase in 1934.

Year.	No. of Births Registered (exclusive of still births).	No. of Deaths from Enteritis under one year.	Per 1,000 Births
1925 ...	8,185	112	13.7
1926 ...	8,301	76	9.1
1927 ...	8,482	73	8.6
1928 ...	8,704	90	10.3
1929 ...	9,051	117	12.9
1930 ...	9,200	83	10.11
1931 ...	8,549	36	4.21
1932 ...	7,965	43	5.40
1933 ...	7,874	29	3.68
1934 ...	7,801	37	4.74

Scarlet Fever.

During 1933, 253 notifications of cases of scarlet fever were received, whilst only 152 were recorded in 1934, as against 203 in 1931 and 182 in 1932.

There has therefore been for several years a definitely lower incidence of this disease which can hardly be expected to continue. Most of the cases occurred in the metropolitan area, there having been no evidence of any marked prevalence in country districts.

Diphtheria.

This disease has shown a very marked increased prevalence during the two years under review, there having been recorded 848 cases in 1933 and 974 in 1934, as against 452 in 1931 and 644 in 1932.

It is particularly noticeable that whilst such diseases as the intestinal group show a regular and persistent fall in prevalence owing to continuous improvement in sanitation, no such tendency is evident in the case of diphtheria. Year after year the disease claims the susceptible child, in spite of improved conditions of living and increased knowledge of food values, showing that something more is necessary to raise the resistance of the individual against this infection.

Diphtheria, as a community disease, then, remains one of our greatest problems, yet it undoubtedly can be minimised by immunisation. In this connection, it is pleasing to note increasing interest by Local Authorities in this means of prevention, and steps are being initiated to carry it out in several districts, whereas the practising medical profession is, for the most part, prepared to support any move made in this direction, and also to make this form of prevention available to private patients.

The table below indicates prevalence of the disease during the past five years, and mortality from this cause:—

—	1930.	1931.	1932.	1933.	1934.
Cases notified ...	1,045	452	664	848	974
Deaths ...	43	19	20	20	36
Case mortality per cent.	4.1	4.2	3.0	2.4	3.7
Per cent. of total deaths	1.14	0.52	0.54	0.53	0.88

The districts most affected during the periods under review were the following:—

	1933.	1934.
Metropolitan Area	648	675
Busselton	34	10
Collie	11	30
Bunbury	13	23
Murray	41	...
Northam	16	93
Kalgoorlie ... ..	...	12
Kellerberrin ... ..	...	11

Measles.

Measles is not notifiable in this State, deaths from complications of the disease alone being recorded. There were no deaths during the period.

Whooping Cough.

As in the case of measles, this disease is not notifiable, so that deaths constitute the only index of prevalence or severity of the infection. The two years under review stand out in marked contrast to 1932, when a very wide-spread epidemic of the disease resulted in 38 deaths. In 1933 there were 13 deaths and in 1934 only one.

Infantile Paralysis (Acute Anterior Poliomyelitis).

Only three cases of this disease were notified during the year 1933 and five in 1934. It is remarkable how free this State continues from anything approaching epidemic form, so far as this disease is concerned.

Influenza, Bronchitis, and Pneumonia.

Acute conditions of the lungs every year claim a number of victims, especially amongst the aged. They generally fall under one or other of the above headings and are best viewed together. The table shows the deaths recorded under each heading, and it will be noted that during 1934 there was a distinct increase of deaths under all headings:—

—	1930.	1931.	1932.	1933.	1934.
Deaths from—					
Influenza	20	80	48	46	96
Broncho-pneumonia	63	86	80	90	140
Pneumonia	135	153	167	154	185
Bronchitis	33	48	41	36	46

Tuberculosis.

Beyond the fact that there is a definite progressive decline in the incidence of pulmonary tuberculosis, the number of deaths per annum from this cause is fairly constant.

During 1933 there were 295 cases notified, and during 1934, 287. Both figures are lower than those of the previous two years.

Deaths show a slight increase, but the percentage of total deaths in 1934 is the lowest recorded.

The table shows the figures under various headings for the past ten years:—

Year.	Cases notified.	Deaths.	Deaths per 1,000 of Population.	Percentage of total Deaths.
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TUBERCULOSIS OF RESPIRATORY SYSTEM.

1925	...	403	259	0·69	7·8
1926	...	415	252	0·66	7·5
1927	...	409	231	0·59	6·8
1928	...	395	282	0·69	7·8
1929	...	400	245	0·58	6·2
1930	...	569	218	0·51	5·8
1931	...	372	223	0·52	6·1
1932	...	339	203	0·47	5·5
1933	...	295	207	0·47	5·5
1934	...	287	218	0·49	5·3

OTHER FORMS OF TUBERCULOSIS.

1925	...	...	29	0·078	0·87
1926	...	...	18	0·047	0·53
1927	...	...	19	0·048	0·56
1928	...	...	33	0·081	0·91
1929	...	43	35	0·083	0·89
1930	...	20	32	0·075	0·85
1931	...	35	22	0·051	0·60
1932	...	24	18	0·041	0·48
1933	...	20	9	0·021	0·24
1934	...	11	24	0·054	0·59

ALL FORMS OF TUBERCULOSIS.

1925	...	...	288	0·77	8·69
1926	...	...	270	0·71	8·59
1927	...	...	250	0·64	7·37
1928	...	...	315	0·77	8·65
1929	...	...	280	0·67	7·12
1930	...	...	250	0·58	6·62
1931	...	407	245	0·57	6·66
1932	...	353	221	0·51	5·95
1933	...	...	216	0·49	5·70
1934	...	...	242	0·55	5·94

Malaria.

During the year 1934, malaria suddenly flared up in the Fitzroy area of this State, and in a hitherto unrecognised form. Nearly 200 natives and a number of whites succumbed to a disease thought in the early stages to be some form of influenza, with predominant gastric, intestinal and cerebral symptoms, frequently associated with marked jaundice.

This area, owing to the flooding of rivers, is to a great extent cut off from communication during the wet season, and it was during this period that the visitation occurred. On two occasions a medical officer was able to visit by 'plane.

Blood smears of a number of cases ultimately showed the presence of crescents of malignant tertian malaria, a form of malaria not previously recorded in Western Australia, but known to exist in the Northern Territory.

The difficulties confronting prevention in an area comprising hundreds of miles of river and tributary, after inundation by flood, can well be imagined, especially when native reservoirs of infection frequently flee from assistance as soon as their companions die.

The only practical method of dealing with the disease under such circumstances is to apply mosquito eradication measures as far as possible about

homesteads, and to teach the individual the necessity for quinine prophylaxis, early treatment, mosquito curtains, and mosquito proofing, and to make every endeavour to keep human reservoirs of infection under treatment.

Endemic Typhus (Brill's Disease).

During 1933 some 51 cases of endemic typhus or Brill's Disease were reported to this Department, whilst in 1934 there were 63. The figures for the two previous years were 52 in 1931 and 36 in 1932.

The infection appears to have become definitely established here as an endemic disease. Though not responsible for many deaths, this disease is a most unwelcome addition to our list of hardy annuals, and calls for stern measures in rat eradication.

The disease is considered to be one of those for which the rat and the rat-flea are responsible, and

it would appear that only a determined war upon these pests will rid us of it. Cases are reported mainly from the metropolitan area.

Puerperal Fever.

Twenty cases of puerperal fever were recorded in 1933, and 16 in 1934, as against 25 in 1931 and 26 in 1932. There were only eight deaths from this cause in 1933 and seven in 1934.

The table below shows deaths from all causes of the puerperal state during the last four years, arranged in the three categories—puerperal septicaemia, abortion, and all other causes.

It will be seen that of a total of 41 maternal deaths, 19.5 per cent. were due to puerperal septicaemia, approximately 22 per cent. to abortion, and 58.5 per cent. to other causes. The corresponding percentages for 1934 were, respectively, 18.4 per cent., 39.4 per cent. and 42.1 per cent.

Year.	Live Births.	Deaths from :							
		Puerperal Septicaemia.		Abortion.		All other causes of the Puerperal State.		All causes of the Puerperal State.	
		No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.
1931	8,549	4	0.47	13	1.52	18	2.10	35	4.09
1932	7,965	5	0.63	7	0.88	20	2.51	32	4.02
1933	7,874	8	1.02	9	1.14	24	3.05	41	5.21
1934	7,801	7	0.90	15	1.92	16	2.05	38	4.87

Leprosy.

During the two years under review Leprosy has become a much more serious problem than previously, especially in the Derby District.

During 1933 some thirty-nine cases were brought to light, distributed as follows:—

Thirty from Derby District;
Four from Beagle Bay;
Three from Broome.
One from Wyndham; and
One from Perth.

During 1934 the total cases discovered were forty-five in number, comprising thirty from the Derby area, ten from Beagle Bay, two from Broome, two from Wyndham and one from Perth.

The two cases discovered in Perth were whites, one male and one female, and two female cases at Broome were half-castes. The balance were aborigines.

There is little doubt that a thorough combing of the Derby district would result in the discovery of many more cases.

For some time past it has been the custom to send cases of Leprosy to the Darwin Leprosarium, but for several reasons it has been decided to establish a leprosarium in the chief area where the disease is considered to be endemic, namely, the Derby district. The reasons for this decision are the following:—

- (1) That the difficulties and expense of transport to Darwin are too great.

- (2) That the aboriginal strongly resents removal from his own district and in consequence takes the first opportunity of absconding.

- (3) That there is reason to believe that because of the fear of removal many cases remain hidden and that this does not encourage voluntary submission to treatment which, it is believed, would otherwise more frequently occur. It is the definite opinion of those best qualified to know that a thorough combing of this district will show that there are many more cases of leprosy than is generally believed, in which case everything possible should be done which will assist in bringing these to light. As segregation of all cases, or at least all cases in an infectious stage, appears to be the only means of eradicating the disease, it is essential that a medical officer should be appointed who can give adequate time to a full and thorough investigation of the area. In the past it is reasonable to conclude that hasty surveys have missed many cases because many of the natives have never been seen, and likely cases have remained hidden until the danger of detection was past. It is therefore a great relief to know that a special officer is to be appointed permanently for the purpose of detecting this and other diseases amongst the aborigines, and that the appointment is to be made without further delay.

1933.

TABLE 1.—NOTIFICATION OF EACH TYPE OF INFECTIOUS DISEASE RECEIVED BY THE DEPARTMENT OF PUBLIC HEALTH FOR EACH MONTH OF THE YEAR ENDED 31st DECEMBER, 1933.

Month.	Diphtheria.	Typhoid Fever.	Pulmonary Tuberculosis.	Scarlet Fever.	Brill's Disease.	Dysentery.	Puerperal Fever.	Cerebro-Spinal Meningitis.	Leprosy.	Infantile Paralysis.	Other Tuber- culosis.	Malaria.	Bilharziasis.
January ...	31	21	29	16	2	..	2	2	..	..	2	..	..
February ...	27	15	34	12	3	1	2	..	4	1	1	..	..
March ...	79	5	32	23	13	..	3	..	..	1	4	..	..
April ...	79	7	20	28	9	3	1	..	..	..	2	..	..
May ...	78	12	27	25	5	2	2	..	1	..	1	..	..
June ...	114	4	25	15	11	1	3	..	2	1	2	..	..
July ...	94	1	14	28	3	..	2	..	..	..	2	1	..
August ...	94	..	20	18	3	..	2	1	..	..	..	..	..
September ...	63	..	26	26	..	..	..	..	..	..	2	..	..
October ...	39	2	27	17	1	..	..	..	7	..	2	..	..
November ...	50	8	25	24	1	1	1	..	..	..	1	..	1
December ...	100	6	16	21	..	..	2	..	2	..	1	..	..
Totals ...	848	81	295	253	51	8	20	3	16	3	20	1	1

1934.

TABLE 1.—NOTIFICATION OF EACH TYPE OF INFECTIOUS DISEASE RECEIVED BY THE DEPARTMENT OF PUBLIC HEALTH FOR EACH MONTH OF THE YEAR ENDED 31st DECEMBER, 1934.

Month.	Diphtheria.	Typhoid Fever.	Pulmonary Tuberculosis.	Scarlet Fever.	Brill's Disease.	Dysentery.	Puerperal Fever.	Cerebro-Spinal Meningitis.	Infantile Paralysis.	Other Tuber- culosis.	Malaria.	Lethargic Encephalitis.
January ...	83	5	20	28	7	..	2	..	..	1	..	..
February ...	77	15	32	18	9	3	2	2	..	2	..	1
March ...	60	9	40	14	11	3	3	..	..	2	..	..
April ...	90	10	23	8	6	1	1	..	..	1	..	..
May ...	150	12	31	14	8	1	2	1	1	1	1	..
June ...	151	16	20	13	6	..	..	..	2	..	..	1
July ...	90	1	21	12	2	1	1	..	2	2	12	..
August ...	87	1	25	10	5	..	1	..	..	1	..	..
September ...	46	4	16	6	4	..	..	..	..	..	8	..
October ...	37	2	25	4	..	1	4	..	..	1	..	..
November ...	40	2	20	11	3	..	..	..	..	..	..	..
December ...	63	10	14	14	2	1	..	1	..	..	1	..
Totals ...	974	87	287	152	63	11	16	4	5	11	22	2

Venereal Disease.

The total number of new cases of venereal disease notified to the department during the period under review was, for 1933—1422, and for 1934—973, as against 972 in 1931 and 872 in 1932.

The increase in 1933 was very marked and due mainly to an increase in gonorrhoea and in primary and secondary syphilis amongst males.

During 1934, there was a very definite fall in all forms of venereal disease amongst both males and females.

The tables hereunder indicate comparative figures for gonorrhoea and syphilis during the last four years.

		1931.	1932.	1933.	1934.
GONORRHOEA.					
Males ...	...	639	548	876	636
Females ...	...	152	121	223	142
PRIMARY SYPHILIS.					
Males ...	...	45	70	75	61
Females ...	...	3	11	7	10
SECONDARY SYPHILIS.					
Males ...	...	12	22	52	28
Females ...	...	15	14	26	21
TERTIARY SYPHILIS.					
Males ...	...	36	44	65	42
Females ...	...	29	13	46	10

Tables on next page summarise the notifications received during the two years being reviewed.

TABLE 1.
VENEREAL DISEASE.

Summary of Notifications for Twelve Months ended 31st December, 1933.

Disease.	Males.	Females.	Total New Cases (both Sexes).	Total Notifications Received.
Syphilis—Primary	75	7	82	90
Secondary	52	26	78	99
Tertiary	65	46	111	161
Congenital	5	1	6	7
Total	197	80	277	357
Gonorrhoea	876	223	1,099	1,235
Chancroid	3	1	4	4
Granuloma	23	18	41	44
Gon-Ophthalmia	1	...	1	1
Grand Total	1,100	322	1,422	1,641

TABLE 2.
SUMMARY OF VENEREAL DISEASE—NOTIFICATIONS RECEIVED FROM METROPOLITAN AND OTHER DISTRICTS, 1933.

Month.	District.	Syphilis.				Gonor- rhoea.	Chan- croid (Soft Chancre)	Granu- loma.	Gon- Oph- thalmia.	Totals.		Total.
		Pri- mary.	Second- ary.	Ter- tiary.	Con- genital.					Metro- politan.	Other.	
January ...	Metropolitan ...	18	8	15	1	106	...	...	...	148	...	171
	Other ...	4	1	...	1	17	...	...	...	...	23	
February ...	Metropolitan ...	10	15	39	...	253	...	...	...	317	...	329
	Other ...	1	1	2	...	8	...	...	...	...	12	
March ...	Metropolitan ...	7	5	11	...	94	...	...	...	117	...	133
	Other ...	2	...	...	...	9	1	4	...	...	16	
April ...	Metropolitan ...	4	2	...	1	60	...	...	...	67	...	82
	Other ...	...	...	1	...	6	...	8	...	...	15	
May ...	Metropolitan ...	2	8	10	...	107	...	...	...	127	...	145
	Other ...	...	...	4	...	8	...	6	...	...	18	
June ...	Metropolitan ...	6	13	5	...	60	...	...	...	84	...	302
	Other ...	...	...	2	1	11	1	3	...	...	18	
July ...	Metropolitan ...	3	4	2	...	50	...	...	...	59	...	62
	Other ...	...	...	1	...	1	...	1	...	...	3	
August ...	Metropolitan ...	1	2	5	...	54	...	...	...	62	...	74
	Other ...	...	3	...	...	7	...	2	...	...	12	
September ...	Metropolitan ...	2	1	2	...	44	...	...	...	49	...	81
	Other ...	4	2	4	1	15	...	6	...	...	32	
October ...	Metropolitan ...	2	3	3	...	62	...	1	...	71	...	94
	Other ...	4	1	1	...	10	...	6	1	...	23	
November ...	Metropolitan ...	5	6	3	...	38	...	...	...	52	...	76
	Other ...	2	1	1	...	14	2	4	...	...	24	
December ...	Metropolitan ...	1	1	...	...	55	...	...	...	57	...	73
	Other ...	4	1	...	1	10	...	...	...	...	16	
	Grand Total ...	82	78	111	6	1,099	4	41	1	1,210	212	1,422

TABLE 3.
VENEREAL DISEASES—1933.

Months.				Hospital Clinics.				Private Doctors.		Prisons and Asylums.	Total.
				Children's.	Perth.	Fre- mantle.	Kal- goorlie.	Metro- politan.	Other.		
January	103	...	...	44	23	...	170
February	285	...	...	24	11	1	321
March	74	...	...	43	15	...	132
April	23	...	...	43	15	...	81
May	84	3	...	38	18	1	144
June	35	...	...	43	17	...	95
July	18	2	...	39	3	...	62
August	25	...	...	34	12	2	73
September	18	1	19	27	11	1	77
October	27	...	1	42	22	1	93
November	25	1	2	25	21	...	74
December	15	...	3	42	13	...	73
Total	732	7	25	444	181	6	1,394

TABLE 1.
VENEREAL DISEASE.

Summary of Notifications for twelve months ended 31st December, 1934.

Diseases.				Males.	Females.	Total new Cases (both Sexes).	Total Notifications received.
Syphilis—	Primary	...	...	61	10	71	90
	Secondary	...	...	28	21	49	68
	Tertiary	...	...	42	10	52	74
	Congenital	...	...	6	1	7	7
Total				137	42	179	239
Gonorrhoea				636	142	778	892
Chaneroid				14	...	14	17
Granuloma				...	2	2	5
Grand Total				787	186	973	1,153

TABLE 2.
SUMMARY OF VENEREAL DISEASE—NOTIFICATIONS RECEIVED FROM METROPOLITAN AND OTHER DISTRICTS, 1934.

Month.	District.	Syphilis.				Gonor-rhoea.	Chan-croid (Soft Chancre)	Granu-loma.	Totals.		Total.
		Pri-mary.	Second-ary.	Ter-tiary.	Con-genital.				Metro-politan.	Other.	
January	Metropolitan	6	8	5	1	64	1	...	85	...	104
	Other	1	1	1	...	16	...	...	...	19	
February	Metropolitan	...	...	3	...	44	...	...	47	...	71
	Other	2	5	3	...	11	2	1	...	24	
March	Metropolitan	7	7	6	1	48	3	...	72	...	94
	Other	2	...	2	...	18	...	...	...	22	
April	Metropolitan	...	5	...	...	73	...	...	78	...	98
	Other	5	...	2	...	13	...	...	...	20	
May	Metropolitan	5	1	5	...	76	...	...	87	...	99
	Other	2	3	...	...	6	1	...	...	12	
June	Metropolitan	3	1	2	...	52	...	...	58	...	74
	Other	1	1	...	...	12	2	...	...	16	
July	Metropolitan	1	1	4	1	51	4	...	62	...	81
	Other	...	...	2	1	15	...	1	...	19	
August	Metropolitan	5	1	3	...	39	...	...	48	...	66
	Other	3	...	2	...	13	...	...	...	18	
September	Metropolitan	4	2	...	...	46	...	...	52	...	67
	Other	2	3	...	1	9	...	...	...	15	
October	Metropolitan	9	1	...	2	47	...	...	59	...	74
	Other	...	1	3	...	11	...	...	...	15	
November	Metropolitan	6	3	4	...	43	1	...	57	...	67
	Other	2	...	...	...	8	...	...	...	10	
December	Metropolitan	5	5	5	...	55	...	...	70	...	78
	Other	...	...	...	...	8	...	...	...	8	
Grand Total		71	49	52	7	778	14	2	775	198	973

TABLE 3.
VENEREAL DISEASES—1934.

Months.				Hospital Clinics.				Private Doctors.		Prisons and Asylums.	Total.
				Children's.	Perth.	Fre-mantle.	Kal-goorlie.	Metro-politan.	Other.		
January	38	2	1	43	16	1	101
February	14	...	6	27	21	...	68
March	27	3	2	38	15	2	87
April	26	...	7	45	18	...	96
May	38	1	9	29	21	...	98
June	18	...	5	37	11	1	72
July	37	...	3	24	14	...	78
August	19	...	3	30	11	1	64
September	16	...	3	32	13	...	64
October	16	...	2	40	15	...	73
November	18	...	3	33	9	1	64
December	32	...	2	37	4	1	76
Total				...	299	6	46	415	168	7	941

DEPARTMENTAL.

Visiting Sisters.

Three qualified nurses are attached to the staff of the Department, whose duty it is to supervise practising midwives, inspect maternity homes, and regularly visit cases of pulmonary tuberculosis in their homes.

During 1933 these officers carried out 483 inspections of maternity homes, and 390 in 1934, whilst 672 midwives were visited in 1933 and 635 in 1934.

1,986 visits were paid to tuberculosis patients in 1933, and 2,287 in 1934.

Midwives' Registration Board.

This body controls the training, practice, and registration of midwifery nurses within the State.

During 1933 there were 42 candidates for the qualifying examination and 52 registrations were granted. During 1934 the corresponding figures were 32 and 65.

Nurses' Registration Board.

This Board controls the training and registration of general nurses. 104 candidates sat for the qualifying examination in 1933 and during that year 108 registrations were granted.

In 1934 there were 111 candidates and 122 registrations.

School Medical and Dental Inspection.

The staff engaged in the medical and dental examination of school children comprises two medical officers with two nurses and three dentists. These officers are engaged full-time. One school medical officer and one dental officer spent most of their time in the country.

One school medical officer gives a proportion of her time to the supervision of Infant Health Centres also.

Reports of the work of these officers during the two years under review will be found on pages 16-18 and 20.

Pathological Laboratory.

The report of the Government Bacteriologist and Pathologist will be found on pages 12-13.

Infant Health Centres.

The report of the officer supervising these activities is presented on pages 18-19.

Analysis of Foods and Drugs.

During 1933, 86 samples of food were submitted to the Government Analysis for examination as to compliance with the standards laid down in the Food and Drug Regulations. Eighteen of these samples failed to comply with the required standard.

In 1934, 50 samples were submitted and 22 failed to comply.

Meat Inspection.

Tables are submitted on pages 13-16 showing details of the work carried out by meat inspectors during the year under review. The numbers of car-

cases, part carcasses and organs condemned are shown, together with a description of the diseased conditions found by departmental inspectors at public abattoirs.

Similar information is also shown separately regarding slaughtering and inspection at private slaughterhouses by Local Authority inspectors.

Inspection of Food Stuffs Arriving from Overseas.

The services of a departmental inspector were made available during the period for the inspection of foodstuffs arriving from overseas, and the nature of food seized and destroyed as unfit for human consumption is shown below:—

Food.						Quantity.
						lbs.
1933	...	...	Honey	...	...	60
1934	...	...	Fish Fillets	...	...	1,176
			Olives	...	...	234

Septic Tank Installations.

In accordance with regulations requiring examination and approval of all septic tank installations, before construction, a considerable amount of work was done by departmental officers, details of which are shown below. The enormous increase in this activity is evident when the figures are compared with those of the two preceding years. In 1931, 281, and in 1932, 399 installations were dealt with as against 641 in 1933 and 1,233 in 1934.

Plans and Specifications for Septic Tanks Examined for year ending 31st December, 1933.

Dwellings	...	...	...	...	...	606
Hotels	...	...	...	...	...	8
Public Halls	...	...	...	...	...	2
Factories	...	...	...	...	...	3
Hospitals	...	...	...	...	...	3
Offices	...	...	...	...	...	3
Recreation Reserves	...	...	...	...	...	4
Public Latrines	...	...	...	...	...	2
Schools	...	...	...	...	...	1
Shops	...	...	...	...	...	4
Churches	...	...	...	...	...	1
Children's Homes	...	...	...	...	...	1
Garages	...	...	...	...	...	1
Quarries	...	...	...	...	...	1
Fire Stations	...	...	...	...	...	1
Total						641

Plans and Specifications for Septic Tanks Examined for year ended 31st December, 1934.

Dwellings	...	...	...	...	...	1,161
Schools	...	...	...	...	...	10
Factories	...	...	...	...	...	3
Children's Homes	...	...	...	...	...	2
Shops	...	...	...	...	...	8
Clubs	...	...	...	...	...	2
Tennis Courts	...	...	...	...	...	3
Flats	...	...	...	...	...	6
Recreation Reserves	...	...	...	...	...	2
Picture Gardens	...	...	...	...	...	2
Warehouses	...	...	...	...	...	2
Boarding Houses	...	...	...	...	...	3
Churches	...	...	...	...	...	2
Halls	...	...	...	...	...	7
Hospitals	...	...	...	...	...	3
Hotels	...	...	...	...	...	9
Hostels	...	...	...	...	...	1
Maternity Home	...	...	...	...	...	1
Offices	...	...	...	...	...	5
Fire Station	...	...	...	...	...	1
Total						1,233

Legal Proceedings under the Health Act.

Prosecutions for offences under the Health Act with results and fines inflicted are shown on page 16.

For the most part these cases are taken in Court by departmental inspectors.

In conclusion, I desire to record my appreciation of the great assistance and loyal co-operation I have received from all members of the staff, to whom the successful working of the department has been mainly due.

EVERITT ATKINSON, M.A., M.D., D.P.H.,
Commissioner of Public Health.

REPORT OF THE GOVERNMENT PATHOLOGIST AND BACTERIOLOGIST.

The Commissioner of Public Health.

I submit herewith a record of the work done in the Public Health Laboratory for the year 1933. We have not been able to get all the figures for 1934 as well, as we have been working with two assistants only for the past five months.

The work of this laboratory includes all the pathology and bacteriology sent from doctors and hospitals in the State, and general public health work such as the examination of milk and water supplies.

Since the last report the Children's Hospital now has a small laboratory of its own employing one assistant and an honorary pathologist.

The Perth Hospital has a laboratory of its own to cater for ward work: the Public Health Laboratory, however, acts as a central laboratory for Perth Hospital, as here we prepare all the culture media used by their laboratory; also all their stains, blood grouping sera; do virulence tests, guinea pig tests for tubercle, Wassermann reactions, and help them in the identification of organisms.

As regards diphtheria, the number of swabs examined is large, 8,919. This disease is widespread throughout the State and shows no sign of diminishing. The reason why the number of swabs examined is so large is because when a case of the disease is detected, it is the practice to swab all the contacts such as the parents and other children in the house, and often neighbours' children who have been in close contact with the case. A beginning is now being made in the State to immunise children of a susceptible age in an endeavour to check the high incidence of the disease.

The number of examinations for tubercle is between 800 and 900. Guinea pig tests for tubercle in urine numbered 52 with 6 positives. This seems a small number of positives for the number of specimens tested but I do not think that the majority come from clinically selected cases.

Examinations of blood for typhoid and allied diseases are fairly numerous, but the incidence of typhoid fever in the State nowadays is not high. We get rather more Brill's disease than typhoid during the year; the numbers were 20 cases of typhoid and 28 of Brill's diagnosed by the agglutination method in the laboratory.

The number of smear examinations for venereal disease is very large, about 2,600 for the year. The same remark applies also to blood tests for venereal disease, the number of tests for syphilis being 3,600.

The accuracy with which this particular test (the Wassermann reaction) picks out the disease in a latent form in obscure cases and the way in which the progress towards a cure can be estimated by its use, in one of the triumphs of modern laboratory methods.

Perth's water supply comes from many different sources and part of it is held temporarily in different reservoirs. All these points are sampled weekly and examinations made in the laboratory here of the purity of the samples. One or two sources have to be treated by chlorine before use; samples are taken of these before chlorination and after chlorination. The great bulk of the water, however, comes from sources which are pure on testing and retain their purity throughout the year: so pure are the original sources of supply and so carefully are they controlled that the chances of a water-borne epidemic in Perth are practically negligible.

The microscopic examination of tumours during the year amounted to 165. This is often one of the most difficult and is always one of the most responsible of laboratory procedures as the laboratory has to make the final decision as to whether the patient has got cancer or not.

The number of medico-legal examinations for the year was small, being only 21.

W. S. MCGILLIVRAY, M.B., Ch.B., D.P.H.,
Bacteriologist.

14th September, 1935.

				1933.			
				Posi- tive.	Incom- plete.	Nega- tive.	Total.
<i>Diphtheria—</i>							
Swabs (throat and nasal) ...				819	...	8,100	8,919
Swabs (Virulence Test) ...				2	...	3	5
<i>Tuberculosis—</i>							
Sputa ...	...	...	...	112	...	687	799
Milks ...	...	...	...	...	...	2	2
Pus ...	...	...	...	2	...	9	11
Urine ...	...	...	...	3	...	24	27
Pleural fluids ...	...	...	...	...	...	7	7
C.S. Fs. ...	...	...	...	...	...	5	5
Guinea pig inoculations ...	...	...	...	6	...	46	52
<i>Typhoid Fever, including Para-typhoids—</i>							
Bloods for agglutination ...				20	...	146	166
Urine ...	...	...	...	...	...	17	17
Faeces ...	...	...	...	1	...	18	19
Blood cultures ...	...	...	...	...	...	6	6
<i>Brill's Disease—</i>							
Bloods for Weil Felix reaction ...				28	...	130	158
Agglutinations for B. Abortus ...				...	...	2	2

CONDEMNATIONS.

Pathological Condition.	Carcases Condemned.	Part Carcases Condemned.	Organs Condemned.
Actinomycosis ... ..	...	127	181
Actinobacillosis ... ..	...	20	29
Abscess	1	90	358
Angioma ... ..	...	...	19
Advanced pregnancy	4	...	...
Cirrhosis ... ..	...	...	23
Cystic ... ..	...	...	4,721
Carcinoma ... ..	...	...	2
Emaciation	273	...	...
Erysipelas	4	...	...
Fatty infiltration ... ..	...	...	1,214
Gangrene	64	14	...
Hydatids ... ..	...	...	10,964
Hepatitis ... ..	...	...	110
Icterus	17	...	...
Immaturity	1 (calf)	...	...
Lymphadenitis	9	20	14,594 (sheep)
Moribund	42	...	...
Melanosis	1 (bulk)	...	1,026
Necrosis ... ..	...	...	9,152
Nephritis ... ..	...	...	10
Pleuro-pneumonia	3	...	97 (lungs)
Peritonitis	14	...	...
Pycmia	9	...	...
Putrefaction	1	...	...
Pericarditis ... ..	...	...	214
Piroplasmosis	61	...	...
Pyrexia	5	...	...
Renal calculus ... ..	...	...	2
Sepsis	11	...	...
Swine plague	9	...	...
Septic pneumonia	13	...	...
Traumatism	60	128	9
Tuberculosis	434	939	325
Uremia	4	...	...
X-Disease	16 (sheep)	...	...
Miscellaneous	5	2	1
Totals	1,061	1,340	43,051

Animals Slaughtered at Private Slaughter Yards, where Meat Inspection and Branding Regulations are in operation for the year ended 31st December, 1934.

Place.	Cattle.	Calves.	Sheep.	Pigs.
Albany	680	99	7,556	627
Bunbury	1,291	288	8,467	1,683
Busselton	132	20	927	110
Collie	1,408	118	9,873	960
Geraldton	1,134	47	12,124	1,372
Katanning	481	47	4,390	370
Narrogin	567	60	6,115	410
Northam	960	115	11,108	2,139
Meat Market, Fremantle	130	1,881	1,367	1,307
West Perth Markets	670½	10,881	3,027	1,903
	7,453½	13,556	64,954	10,881

NOTE.—Four months' figures only available for Busselton ; meat inspection became operative in the district from 1st September, 1934.

INSPECTION OF IMPORTED FOODS.

During the year ended 31st December, 1933, the following items presented at the Port of Fremantle for admission to the State were rejected as unfit for consumption:—

Food.	Quantity.
Honey	60 lbs.

During the year ended 31st December, 1934, the following items presented at the Port of Fremantle for admission to this State were inspected and condemned as unfit for consumption:—

Food.	Quantity.
Fish Fillets.	1,176
Olives	234
Total	1,410 lbs.

Food Samples submitted to Analyst under the Food and Drug Regulations for the year ended 31st December, 1933.

Milk	...	...	...	...	...	...	40
Lemonade	...	...	...	...	...	...	1
Ham paste	...	...	...	...	...	...	1
Condensed skim milk	...	...	...	...	...	...	1
Water	...	...	...	...	...	...	1
Meat	...	...	...	...	...	...	1
Bread	...	...	...	...	...	...	1
Vinegar	...	...	...	...	...	...	9
Sausages	...	...	...	...	...	...	1
Cream	...	...	...	...	...	...	2
Ginger beer	...	...	...	...	...	...	1
Ginger ale	...	...	...	...	...	...	1
Malted milk	...	...	...	...	...	...	2
Butter	...	...	...	...	...	...	6
Tripe	...	...	...	...	...	...	7
Bacon	...	...	...	...	...	...	5
Coffee and chicory	...	...	...	...	...	...	1
Cow heels	...	...	...	...	...	...	1
Margarine	...	...	...	...	...	...	1
Cordials	...	...	...	...	...	...	2
Fish paste	...	...	...	...	...	...	1
Total							86

Eighteen samples failed to comply with the Regulations.

Food Samples submitted to Analyst under Food and Drug Regulations for the year ended 31st December, 1934.

Milk	...	...	...	...	...	...	24
Condensed milk	...	...	...	...	...	...	2
Tomato sauce	...	...	...	...	...	...	2
Sausages	...	...	...	...	...	...	5
Vinegar	...	...	...	...	...	...	9
Jam	...	...	...	...	...	...	1
Corned beef	...	...	...	...	...	...	1
Essence lemon	...	...	...	...	...	...	1
Sardines	...	...	...	...	...	...	5
Total							50

Twenty-two samples failed to comply with the Regulations.

LEGAL PROCEEDINGS TAKEN BY THE INSPECTION BRANCH FOR YEAR ENDED 31ST DECEMBER, 1933.

Offencee.	Complaints.	Convictions.	Withdrawn.	Dismissed.	Fine and Costs.
Health Act	11	10	1	...	£ s. d. 75 3 8
Hospital Fund Act	19	19	...	...	26 14 4
Financial Emergency Act	7	7	...	...	8 13 0
Food and Drug Regulations	2	2	...	...	5 6 0
Totals	39	38	1	...	115 17 0

LEGAL PROCEEDINGS TAKEN BY THE INSPECTION BRANCH FOR YEAR ENDED 31ST DECEMBER, 1934.

Offencee.	Complaints.	Convictions.	Withdrawn.	Dismissed.	Fine and Costs.
Health Act	6	6	...	...	£ s. d. 25 19 0
Food and Drug Regulation	4	4	...	...	13 17 0
Totals	10	10	...	...	39 16 0

SCHOOL MEDICAL OFFICER'S REPORT.

The Commissioner of Public Health.

I have the honour to submit the following report in connection with the medical examination of school children during the years 1933-34.

At the beginning of the depression it was considered necessary to decrease the school medical staff by one full-time school medical officer and one full-time school nurse. There are two remaining school medical officers—one full-time in the country and the other in the metropolitan area. This latter combines the supervision of the Infant Welfare work for the State with her other duties. Two school medical officers are not sufficient to carry out this work thoroughly. At least one full-time and one half-time officer are necessary to cope

with the work of the metropolitan area alone. It is also desirable, if the best results are to be obtained, to increase the school nursing staff, one of whose principal functions is the “follow up” of those children referred by the doctor for medical attention. Each year the children who have been referred for medical attention are brought back by the doctor as “recalls” and examined to see whether medical attention has been obtained. It is found that of these “recalls,” only about 19 per cent. have had the necessary attention. One would think that the parents’ interest would be sufficient to see that this attention is obtained, but in practice this is not the case.

Two or three years ago a clause was inserted in the Health Act empowering the Department to prosecute parents who were negligent of their children's health. The Department, being somewhat reluctant to put this clause into operation, did not do so for at least two years, but at the end of 1934 it was found essential to take Court action against certain parents for neglecting their children's health. Apparently fear of legal action is the only thing that will induce some people to have defects remedied, and the cases already taken are already having a moral effect.

There appear to be insufficient facilities for the treatment of indigent school children requiring surgical attention for Tonsils and Adenoids. The various public hospitals have long waiting lists, and in some cases there is considerable delay in obtaining the necessary treatment. Obviously, under such conditions, wholly satisfactory work cannot be done.

The Health Section at the Royal Show, which had proved itself to be a great success, was run again in 1933, but was abandoned in 1934.

For the year 1933 the total number of medical examinations for both metropolitan and country districts was 15,914, and in 1934, the total number was 17,412. During these two years, the School Nurses paid 441 visits to homes of various children. This number only represents a small proportion of the visits that should be paid, and little "follow-up" work is possible in the country towns. This section of the school medical work should be extended as soon as possible.

A large part of the School Nurse's work lies in the maintenance of cleanliness. It is very gratifying to be able to report that the standard of cleanliness throughout the metropolitan schools has remarkably improved over the last nine years. For example, in 1925 the percentage of dirty heads amongst the school children in the State schools in the metropolitan area was 14.8 per cent., and in the convents in the same area, was 28.5 per cent., whereas in 1933 this percentage amongst the State schools was 4.9 per cent., and amongst the convents 8.6 per cent. As a result of greater concentration in this direction by the convents, we find that in 1934 the dirty head percentage was 6.1 per cent., the State schools' figure being 5.1 per cent. This improvement is very satisfactory, and reflects great credit on all those who have co-operated to bring about this result. The school nurses and teachers are to be particularly congratulated, and it is very pleasing to have to report that practically all the teachers in the schools now accept this as one of their responsibilities. It is definitely found that improvement in cleanliness has a very far-reaching effect on the general, moral and physical standards of the child.

During the period a new departure has been adopted in regard to children with marked eye defect. Two or three children are found in every school in the metropolitan area to have marked defects of eye-sight, and although these defects are repeatedly notified to the parents, in many cases no action is taken in the matter. After consideration, it was decided that this question of very defective eyesight amongst children was too important to be neglected, but as the taking of Court proceedings was somewhat cumbersome, and frequently involved the parent in expense he could ill-afford, a different procedure was adopted. If it is considered that the child's health is suffering from over-strain, then he is excluded from school until glasses are obtained, or until an oculist has certified that these are not necessary. This scheme has been in operation for over six months, and some of the schools have been revisited, and it is very pleasing to note the complete success of this new procedure. The school teachers are pleased with this new move and are giving every assistance to see that it is carried out satisfactorily.

During 1934 a complete medical survey of all children up to the age of 14 years was carried out from Wyndham to Gascoyne Junction—that is, throughout the whole of the Kimberleys and Nor'-West portion of the State. This was the first time that such a survey had been undertaken, and in all, over 600 children were seen. A certain number of these suffered from tonsillar defects, and some of them showed defective eyesight, but beyond these two more or less common defects, the children were remarkably healthy, despite the trying climate and difficulty in procuring entirely suitable foodstuffs. Infectious diseases were found to be particularly infrequent amongst these children.

The outstanding problem of towns such as Broome and Derby is that of the half-caste. Some of these children are quite good physical specimens, but a great many of them are of poor type.

This medical examination of Nor'-West children should prove very beneficial to them and has resulted in a number of them having defects remedied which might otherwise have passed unrecognised.

In addition to seeing the children, arrangements were made whereby the mothers were individually interviewed and the children's health discussed. Many mothers brought their children long distances to take advantage of this medical examination.

E. M. STANG,
Senior Medical Officer of Schools.

12/3/'35.

SCHOOL CHILDREN EXAMINED DURING 1933.
METROPOLITAN AREA.

Routines.														Recalls.	
Number Examined.		Number Notified.		Number referred for Medical Attention.		Number referred for Dental Attention.		Number referred for Home Attention.		Number referred for Pediculosis.		Specials.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3,059	2,951	2,132	2,099	653	642	1,378	1,404	1,007	888	5	28	149	121	1,225	1,225

COUNTRY DISTRICTS.

Routines.														Recalls.	
Number Examined.		Number Notified.		Number referred for Medical Attention.		Number referred for Dental Attention.		Number referred for Home Attention.		Number referred for Pediculosis.		Specials.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3,583	3,266	2,276	2,202	942	824	1,067	1,078	1,199	1,335	44	171	31	25	172	107

SCHOOL CHILDREN EXAMINED DURING 1934.

METROPOLITAN AREA.

Routines.														Recalls.	
Number Examined.		Number Notified.		Number referred for Medical Attention.		Number referred for Dental Attention.		Number referred for Home Attention.		Number referred for Pediculosis.		Specials.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3,713	3,307	2,535	2,286	897	803	1,519	1,431	1,204	1,088	7	69	266	261	1,375	1,252

COUNTRY DISTRICTS.

Routines.														Recalls.	
Number Examined.		Number Notified.		Number referred for Medical Attention.		Number referred for Dental Attention.		Number referred for Home Attention.		Number referred for Pediculosis.		Specials.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3,584	3,346	2,260	1,275	941	899	994	1,052	1,219	1,410	48	253	49	50	111	98

REPORT OF THE MEDICAL SUPERVISOR OF INFANT HEALTH CENTRES.

The Commissioner of Public Health.

I beg to submit my report on the above work for the years 1933 and 1934.

The number of centres and sub-centres now under the control of the Infant Health Association has increased considerably since my last report. When I took over this work in 1930, the figures were as follows:—

In the metropolitan and country districts there were 15 main centres (of which two subsequently closed down) and 4 sub-centres, making a total of 17. Now, for the year ending June, 1934, there were 24 main centres and 27 sub-centres, making a total in all of 51, so that despite the period of depression it is evident that the work was very necessary and progressive, despite the fact that sub-

sidies were reduced from £100 to £80 per centre under Financial Emergency conditions.

During the year 1933 it was estimated that 7,965 babies were born in the State, and during that year 7,195 babies were brought by their mothers to the centres, or were visited in their homes. These figures would indicate that in a very large percentage of cases, advantage is taken of the Infant Health Centres. Actually the number is not quite as high as these figures would indicate owing to the fact that there is a certain amount of duplication of entries as some babies on leaving a district are transferred to other centres. It is difficult to get an accurate check on these numbers.

The percentage of mothers taking advantage of Infant Health Centres is much greater than previously, owing to the fact that the whole of the Infant Health work throughout the State has now been linked up as the result of the establishment of the Infant Health Correspondence Nurse scheme. This scheme, which was started over two years ago, has more than justified its existence, as the following figures will show:—

30TH JUNE, 1934.—(18 months, that is, from the inception of the scheme).

Individual mothers on the roll (including 583 expectant mothers)	... ..	1987
Of this number, 835 mothers visited the nurse when in town.		
Sets of patterns of babies' clothes sent out	... ..	608

The number of districts from which letters are received has so increased that now EVERY part of the State is represented.

During the years under review, the Infant Health Nurses had the following consultations:—

1932/33	... ..	75,416
1933/34	... ..	81,004

Of this number, 280 mothers and 987 babies were referred for medical attention during 1932/33, and during 1933/34, 426 mothers and 970 babies were so referred.

The infantile mortality rate for 1,000 live births for the year ending December, 1932, was 44.57, whereas for 1933 it was the lowest on record for this State, namely 36.83. This drop in the infant mortality rate is most gratifying.

In 1933 the State again entered for the Imperial Baby Week Shield, and although we did not win it, it is gratifying to record that we were placed third.

Since the last report, the Model Infant Health Centre for the City of Perth has materialised, and this centre (the whole of the money for which has been raised by public subscription and a donation from the Lotteries Commission) has been built on a block of ground made available in Stirling Street. It was opened in November, 1934, and in it are housed the centre financed by the Children's Protection Society and the Correspondence Nurse.

In addition to these two centres, there is also a very suitable lecture room, in which the General Council of the Infant Health Association conducts its meetings. This building is intended as headquarters for the Infant Health Association as well as for centre work.

As stated in the last report, the Association is co-operating with the Aborigines Department and giving them help and advice in regard to nursing mothers under their care.

During 1934 a survey was made of the children in the North-West from Wyndham right through to the Gascoyne Junction by the Medical Supervisor. This survey was for the purpose of examining all children, from babies up to 14 years of age, to ascertain the condition of the health of the children in those districts. This trip was of great benefit in linking up

the mothers with infant health work, because owing to the cost of newspapers, etc., in this part of the State it was found that a great number did not get any news whatever, and consequently many knew nothing whatever about Infant Health work in general, or the Correspondence Nurse Scheme in particular. As a result of the interviews with these mothers, it is now found that there are quite a considerable number of people from the North-West writing to and obtaining advice from the Infant Health Sister.

Prior to the trip arrangements had been made with the local school teacher for getting into touch with all mothers in each town and district, and inviting them to come in on a specified date to meet the Supervisor. The majority of the mothers took advantage of this invitation, with the consequence that practically all babies were seen in the districts visited.

During the past two years new main centres have been established at Boulder, Wiluna, South Perth, Bayswater, Maylands, and Nedlands, not including the Infant Health Correspondence Nurse Scheme which, although mentioned in the last report, was only brought into full working operation during the last 18 months.

Necessity still exists for the establishment of more centres, particularly at Geraldton, Collie, etc.

As our Centres are only partially assisted by the Government, and not maintained by them, it has been found necessary by the General Council to assist Branch activities by means of Baby Week Appeals, which have been held during each of the last three years. The majority of the local committees find it a very big strain to raise, year after year, the money required to maintain centres. The collection of funds for work of this nature does not mean one big drive, but repeated efforts from year to year, and it is found that many of the Committees are beginning to find the strain too much for them. This reacts to a certain extent against the work of the centre as there is not that feeling of stability which is so desirable and, in fact, it has led to the closing of one or two centres already, for example, Collie, and previously Bayswater-Bassendean, and yet it is in such industrial centres of population that Infant Health work is so badly needed. The Council of the Association has been seriously hampered for funds, and it is for this reason also that these Baby Week Appeals have been found necessary.

Lectures to Infant Health Nurses are still given from time to time in order to keep nurses conversant with the latest ideas and up to date in their work.

During the past two years a great deal has been done to stimulate Infant Health work, and to educate the public in this regard weekly wireless talks are given, and articles on Infant Health work published in the daily newspapers throughout the country. In fact this publicity in connection with the Infant Health work is one of the most important sections of our work.

E. M. STANG,

Medical Supervisor, Infant Health Centres.

5th March, 1935.

REPORT OF THE SENIOR DENTAL OFFICER OF SCHOOLS.

The Commissioner of Public Health.

I beg to submit my report on the activities of the School Dental Officers for the years 1933 and 1934.

During this period 34 metropolitan and suburban schools, 18 country schools and 9 orphanages were visited. The number of children examined was 5,553. Of these 3,547 with the consent of their parents were treated, 678 needed no attention, 379 were to be done by private dentists, while the remainder were those whose parents did not reply to notifications sent out.

The detailed amount of operating work done is as follows:—

Silver amalgam fillings	...	...	...	63
Copper amalgam fillings	...	...	...	3,457
Cement fillings	...	...	...	969
Porcelain fillings	...	...	...	18
Silver nitrate treatments	...	...	...	3,789
Other treatments or fillings	...	...	...	631
Extractions	...	...	...	9,861
Mouths cleaned	...	...	...	783

Following are the orphanages and institutions which were visited during school vacations:—

Salvation Army Girls' Home, Buckland Hill.
 Salvation Army Boys' Homes, West Subiaco.
 Salvation Army Seaforth Homes.
 Methodist Children's Home, Victoria Park.
 Swan Boys' Orphanage.
 Fairbridge Farm School.
 Moore River Native Settlement.
 Clontarf Orphanage.

I became due for long service leave in October, 1933, so I took it immediately, resuming duty at the beginning of February, 1934.

Work amongst the children involves a considerable strain and for about six months during 1934 Miss Ross was unable to attend to her duties owing

to a breakdown in health; so in August of that year she was granted a year's leave of absence without pay in order to give her a chance of thoroughly recuperating. For the year she would be absent a temporary appointment was made, and from a number of applicants Mr. E. Turnbull was chosen for the position. He has quickly adapted himself to the work and we are now endeavouring to make up some of the lost ground.

I might mention that with our staff of three working all the time we are unable to cope with the amount of work offering. We endeavour to attend all children of the ages of 6 and 7 years, and to do this we would need to visit each school every two years. However the average interval between visits to metropolitan schools is 2½ years and other schools between 3 and 4 years. So that quite a number of children have to be missed. I think that the staff should be increased sufficiently to allow us to carry out our idea of seeing every child at the age of 6 or 7.

The Claremont Hospital for the Insane was visited every Saturday morning, 885 patients having been seen during the two years. The following work was done for them:—

Extractions	...	...	...	...	593
New dentures	...	...	...	...	67
Repairs to dentures	...	...	...	...	89
Prophylaxis	...	...	...	...	30

A number of the patients presented themselves for easing of dentures, etc., while a small proportion were unmanageable. Denture work as usual was done in conjunction with the Dental Hospital.

A. G. McKENNA,
 Senior Dental Officer of Schools.

24th April, 1935.

REPORT OF THE CHIEF RESIDENT MEDICAL OFFICER, WOOROLOO SANATORIUM.

The Principal Medical Officer, Perth.

Sir,

I have the honour to submit the appended report for the years 1933 and 1934.

The activities of the Institution have been carried out as heretofore, the preponderance of decidedly advanced admissions having been maintained. The age incidence and morbidity tables clearly indicate this, as also the number of miners of more or less mature years who become active cases and succumb. Many classed as labourers could legitimately be included in this group.

That mining industrial incidence has vastly improved since the inception of the Commonwealth Laboratory examination is unquestionable, and every

loophole of evasion thereof should be rigidly safeguarded. It has been natural during the present years of mining reactivity and prosperity for men well up in years who have left it, to strive to get back, for it is almost an axiom that "Once a miner, always a miner."

With regard to advanced active cases, it is tragic to report year after year the vain regrets of those who wish they had only known and come to the Institution sooner. It is not for me to apportion the blame of undoubted neglect in respect of these failing to avail themselves of the Institution. I leave it to the patients themselves, who realise what might have been and to the others who have advised against their coming.

In my last report I was not inclined to regard the depression as having been a material factor in contributing to the occurrence of active Pulmonary tuberculosis, but I have seen fit to review that outlook, as day by day, in taking the history of cases, I find many appear to have arisen, in all walks of life and at all ages, as a result of poor social conditions engendered by the depression, and I have definitely come to the conclusion that economic conditions do contribute to the spread or otherwise of tuberculosis.

Constantly on the lookout for contributing causes, I find another factor which gives food for thought in the number of cases which arrive after operation.

In discussing this aspect with a medical friend one day, he riposted with the remark, "How many nowadays are without an operation scar of some sort or another." My reply was that if such was the case there was something wrong somewhere, and it must be another instance of the pace killing. Another instance of drawing on the bank reserves of health and stamina.

What I meant to convey was that under existing social conditions, an individual comes off work one day, has an operation (major or minor) the next, and returns to work almost immediately. Well, it is a wonderful era, and surgery is wonderfully efficient, but the old pre-operation preparation and post-operative care were largely instrumental in maintaining after health, and I venture to think were it still practised, fewer cases of T.B. would arrive.

We see lots of legislation for ideals, but the ordinary necessities of the breadwinner are often neglected in the home and in business, in the striving for these. It is to be hoped that when National health insurance arrives, as undoubtedly it must, provision for reasonable convalescence under all circumstances will be provided for.

This brings me to something which must be a source of gratification to all dealing with T.B., and that is the indorsement by the Federal Health Council, at its last meeting, of the principle of greater elasticity in the regulations covering tuberculous cases under the Invalid Pensions Act.

Should the recommendations of the Health Council be given effect to, the well-being of the sufferers should be materially improved and greater efficiency in prevention and control of the disease should result.

Regarding the question of treatment, there is nothing immediately illuminating or outstanding.

Medically, gold is still in the field, good results being claimed by some, especially with oily preparations of the metal, which leads me to observe that the recent claim for colloid oil preparations in treatment of pneumonia may bring forth fruit in other diseases, particularly the granulomata, of which tuberculosis is one.

Many other medical agents, as usual, are on the market as cures or adjuvants in treatment, but for the moment there is nothing with any great claim for success.

Certain bacillary products are advertised. It is found here that in a certain number of cases tuberculin seems to be of undoubted value.

Tuberculin treatment continues from time to time to be the subject of very heated and acrimonious discussion in the medical journals.

Treatment by suitable work has been carried out, with such patients as have been deemed fit, and in almost every instance, with obvious benefit resulting.

Apart from outdoor work in the grounds allocated to them, many carry out work in other directions, basket work being undertaken by some, and this of course in a small way proves remunerative.

A few maintain flower gardens, but there are seasonal difficulties attending them, when enthusiasm wanes. Some of the older males unable to get about to do active work employ themselves in knitting. Looking back it has always appeared to me that this as a pastime has been a very restful tonic to those, both male and female, who have practised it, though perhaps rather irritating to the unoccupied onlooker. The health of those patients who succeed in occupying themselves is infinitely better than those who unfortunately are physically or mentally unable to do so or who will not. The latter usually occupy themselves in grumbling at everything.

One confidently looks forward to great advances in thoracic surgery when one reviews the advances that have been made in abdominal surgery during the past forty years and it is difficult to say where surgery will stop, but so far, one can only say that the position is one for making haste slowly, and whatever success may be attained by surgery of the chest, will still require the long period of time for treatment demanded by the invasion of the tubercle bacillus in any other tissue or organ.

Artificial pneumothorax in suitable cases is still giving gratifying results, and the few we have carried on, or initiated, at this institution have proved satisfactory.

The particular aim, of course, is that the individual shall be able to pursue his ordinary avocation, whilst the treatment is being carried out.

The X-ray plant is a great asset and has proved indispensable in controlling pneumothorax, and in other respects also.

We aim at installing light treatment plant for use in certain tuberculous cases in winter when sunlight is not available. To this end we acquired an old carbon arc lighting lamp, but it could only be regarded as a very embryo attempt at installation.

The dream of a settlement similar to Papworth is still with me—not as a State institution where treatment is regarded as a right, and resented as such—but a settlement evolved as a philanthropic movement where treatment and direction would be regarded as a privilege, and conserved as such.

Study of the constitution of Papworth Village Settlement Incorporated, with Royalty as active patrons, surely affords an example for emulation by Australian philanthropists. Papworth's annual report affords a dream to be sought after by T.B. workers, and a nightmare at failure to reproduce something similar.

At Wooroloo, the social well-being of the patients continues to be well looked after; the various denominations are assiduous in their spiritual administrations to their members, and also interest themselves in the affairs of the Institution generally.

We are indebted to the Wooroloo Comforts Fund for the continued interest it takes in the patients and Institution. The fund provides Christmas gifts and cheer, also donates clothing, wool, etc., as the funds allow. Largely due to its efforts, the Lotteries Com-

mission has come to our help, whereby a debt for the “talkie” installation was wiped out, and cold storage cabinets provided in ward blocks. These are greatly appreciated, and will prove of inestimable benefit in the hot summer weather.

Various societies and public bodies have visited the Institution to give concerts and entertainments to the patients and staff, on whose behalf I thank them for the great pleasure they have afforded. We recognise the trouble and expense attached to the outings, the question of transport in recent years being a somewhat difficult one.

We have to thank the donors of magazines and periodicals, some members of the public having made this a continuous practice over years.

There is a great drain on the resources of the library, in that in an Institution of this sort there is a lot of constant inevitable wear and tear, which is greater than in other places, and demands replacements. I earnestly appeal for donations in respect of novels and literature for the library.

The Progress and Pastimes Club is an institutional venture, the members of which comprise the patient inmates who elect a committee of themselves to direct the various activities, *e.g.* library, picture shows, and store where tobacco, packet food, soaps, toilet requisites and other necessities are sold.

The staff of the Institution affords very material support to the success of the various efforts.

The club also looks after the billiard room, recreation hall, library, and runs games and competitions for the patients (ambulatory and bed).

The thanks of the administration are due to the committee for their work.

The nursing staff continue to carry out their onerous duties in an admirable and satisfactory manner. The work attendant on chronic cases is very exacting, whilst patients by virtue of the disease, are prone to be querulous and complaining.

The domestic and male staff have proved generally efficient.

Praise is due to the management of the farm and poultry yard. The farm herd is generally admired by everyone who sees it, whilst the activities of the poultry yard in the supply of eggs extends to other Government Institutions.

I desire to thank the superintendent, honorary and house medical staff of the Perth Hospital for their many courtesies and assistance in regard to members of staff and patients of this Institution requiring treatment in other directions.

I also desire to thank the departmental visiting nurses whose work of advice, supervision and direction in the patients’ homes continues to be of great value to the patients, contacts and others. The work requires great tact and at times must be very unpleasant with the recalcitrant and ignorant occasionally encountered during their visits.

Finally, might I suggest again that the Institution is not sufficiently known to the public of the State.

The surroundings are beautiful, if only for a pleasure drive, and the Institution is educative.

I have the honour to be, Sir,
Your obedient servant,

ROBERT M. MITCHELL,
Chief Resident Medical Officer.

1933.					
TREATED IN HOSPITAL.					
In Hospital, 1st January ...	...	...	...	...	168
Cases treated, including readmissions ...	...	...	...	...	384
Discharged ...	...	...	...	...	138
Deaths ...	...	...	...	...	64
Remaining in Hospital, 31st December ...	...	...	...	...	170

AGE INCIDENCE.					
				Males.	Females.
1—15 ...	...	...	...	5	3
16—20 ...	...	...	...	15	22
21—25 ...	...	...	...	26	20
26—30 ...	...	...	...	26	22
31—35 ...	...	...	...	35	14
36—40 ...	...	...	...	20	13
41—45 ...	...	...	...	21	4
46—50 ...	...	...	...	24	5
51—55 ...	...	...	...	22	4
56—60 ...	...	...	...	32	5
61—65 ...	...	...	...	22	1
66—70 ...	...	...	...	11	2
71—80 + ...	...	...	...	8	2
				267	117

OCCUPATIONS.					
MALES—					
Labourers ...	...	...	...	...	78
Miners ...	...	...	...	...	39
Agricultural, pastoral, farming, orchardists ...	...	...	...	...	20
Clerical ...	...	...	...	...	17
Railway and tram employees, including fettlers	...	...	...	...	11
Shop assistants ...	...	...	...	...	10
Engineering, motors and electricians ...	...	...	...	...	7
Lumpers ...	...	...	...	...	6
School ...	...	...	...	...	5
Bakers and cooks ...	...	...	...	...	5
Commercial travellers ...	...	...	...	...	5
Timber workers ...	...	...	...	...	4
Hotel employees ...	...	...	...	...	4
Stonemasons, builders, etc. ...	...	...	...	...	4
Engine-drivers 4, School teacher 1, Seafaring 3, Carpenters 3, Painters 2, Plumbers 2, Jockeys 2, Shearers 2, Signwriter 1, Lay Brother 1, Salvation Army officer 1, Police constables 2, Caretaker 1, Sailor 1, Smelter 1, Fisherman 1, Hawkers, 2 Butchers 2, Printer 1, Tanner 1, Leatherworkers 2, Wicker-worker 1, Orderly 1, Tailor 1 ...	...	...	...	...	39
FEMALES—					
Domestic ...	...	...	...	...	92
Seamstresses ...	...	...	...	...	5
Aboriginals ...	...	...	...	...	5
Shop assistants ...	...	...	...	...	6
Typists and clerical ...	...	...	...	...	5
School ...	...	...	...	...	3
Nurses ...	...	...	...	...	3

DISCHARGES.					
MALES—					
Stationary ...	...	...	...	...	43
Progressive ...	...	...	...	...	22
Other than Pulmonary T.B. ...	...	...	...	...	17
					82
Pulmonary fibrosis ...	...	...	...	...	3
Chronic bronchitis ...	...	...	...	...	1
Bronchiectasis ...	...	...	...	...	2
T.B. spine ...	...	...	...	...	6
Idiopathic anaemia ...	...	...	...	...	1
T.B. cystitis ...	...	...	...	...	1
N.A.D. ...	...	...	...	...	2
FEMALES—					
Stationary ...	...	...	...	...	38
Progressive ...	...	...	...	...	8
Other than Pulmonary T.B. ...	...	...	...	...	10
					56

1933.						AGE INCIDENCE—DEATHS.						Males.	Females.
DISCHARGES.— <i>continued.</i>						1—20	...	...	...	...	...	1	4
Fibroid Asthma	...	...	...	...	...	3	21—30	...	...	...	...	2	3
Bronchicctasis	...	...	...	...	...	4	31—40	...	...	...	...	6	8
T.B. peritonitis	...	...	...	...	...	1	41—50	...	...	...	...	12	2
Bronchitis	...	...	...	...	...	1	51—60	...	...	...	...	16	1
N.A.D.	...	...	...	...	...	1	61—70 +	...	...	...	...	7	2
												44	20

DEATHS—1933.

Occupation.	Age.	Native of	Cause of Death.	No. of Days.	Remarks.
Domestic ...	44	Western Australia	Chronic pulmonary T.B. ...	92	
Labourer ...	53	Queensland ...	Chronic fibroid asthma, myo-carditis	191	Not T.B.
Aboriginal ...	22	Western Australia	Acute general pulmonary T.B.	88	
Labourer ...	64	Victoria ...	Chronic pulmonary T.B. ...	59	
Domestic ...	32	England ...	Pulmonary and laryngeal T.B.	242	
Engineer ...	47	Victoria ...	Acute general pulmonary T.B.	10	
Seaman ...	20	India ...	do. do. do.	57	
Farmer ...	59	Victoria ...	Chronic pulmonary T.B. ...	234	Readmit.
Labourer ...	57	do. ...	Pulmonary T.B. ...	649	Testinery syphilis.
Do. ...	38	England ...	Chronic pulmonary T.B. ...	101	Chronic nephritis.
Fettler ...	45	do. ...	do. do. ...	66	do.
Do. ...	59	do. ...	Pulmonary and laryngeal T.B.	241	
Farmer ...	35	Victoria ...	Pulmonary and laryngeal, ad-vanced	71	
Miner ...	58	do. ...	Silico-T.B., lungs ...	28	
Labourer ...	58	South Australia ...	Chronic pulmonary T.B. ...	33	
Miner ...	56	Queensland ...	Silico-T.B., lungs ...	372	
Do. ...	59	Victoria ...	do. do. ...	21	Double spontaneous pneumo-thorax.
Shop assistant ...	21	Western Australia	Acute general pulmonary T.B.	350	
Miner ...	60	Victoria ...	Silico-T.B., lungs ...	1,004	Rheumatoid arthritis.
Domestic ...	27	Western Australia	Pulmonary and laryngeal T.B.	103	T.B. enteritis (readmit).
Tram conductor ...	27	do. ...	do. do. do.	70	
Hawker ...	48	Poland ...	Chronic pulmonary T.B. ...	94	
Clerk ...	49	New South Wales	do. do. ...	366	
Miner ...	48	Italy ...	Silico-T.B., lungs ...	1,229	T.B. empyema.
Linesman ...	49	Victoria ...	Advanced pulmonary T.B. ...	164	
Miner ...	59	do. ...	Silico-T.B., lungs ...	181	
Labourer ...	47	New South Wales	Pulmonary and laryngeal T.B.	65	
Miner ...	60	South Australia ...	Silico-T.B., lungs ...	610	
Do. ...	50	Italy ...	do. do. ...	284	
Domestic ...	61	Victoria ...	Gangrene of lung ...	14	
Clerical (Bank) ...	33	Western Australia	Chronic pulmonary T.B. ...	8	
Domestic ...	75	Wales ...	do. do. ...	731	
Labourer ...	44	Victoria ...	Acute pulmonary T.B. ...	105	
Engine-driver ...	64	do. ...	Chronic pulmonary T.B. ...	505	
Domestic ...	18	Western Australia	Acute pulmonary T.B. ...	308	T.B. enteritis.
Shop assistant ...	35	Victoria ...	Pulmonary T.B. ...	192	Pharyngeal T.B.
Domestic ...	43	New South Wales	Pulmonary and laryngeal T.B.	26	
Aboriginal (F.) ...	24	Western Australia	Idiopathic anaemia ...	11	No evidence T.B.
Farmer ...	70	Victoria ...	Chronic pulmonary T.B. ...	95	
Domestic ...	40	Queensland ...	do. do. ...	115	
Miner ...	63	do. ...	Carcinoma of stomach ...	341	No evidence pulmonary T.B.
Labourer ...	58	Western Australia	Chronic pulmonary T.B. ...	1,195	
Pensioner ...	66	do. ...	do. do. ...	62	Pleuroperi-carditis.
Fireman ...	36	do. ...	Acute general pulmonary T.B.	50	do. do.
Labourer ...	56	do. ...	Chronic pulmonary T.B. ...	40	
Miner ...	61	Ireland ...	Silico-T.B., lungs ...	117	
Do. ...	47	Victoria ...	do. ...	823	Readmit.
Do. ...	54	Queensland ...	do. ...	531	do.
Labourer ...	60	Victoria ...	Chronic pulmonary T.B. ...	180	
Laundress ...	18	Western Australia	Acute pulmonary T.B. ...	495	
Labourer ...	40	Ireland ...	Pulmonary and laryngeal T.B.	6	
Domestic ...	37	South Australia...	Advanced pulmonary T.B.	25	
Miner ...	67	Ireland ...	Silico-T.B., lungs ...	761	
Domestic ...	40	Scotland ...	Pulmonary and laryngeal T.B.	100	
Miner ...	48	Italy ...	Silico-T.B., lungs ...	8	Gangrene of lungs.
Domestic ...	38	South Australia...	Chronic pulmonary T.B. ...	198	Readmit.
Do. ...	39	Scotland ...	Pulmonary and laryngeal T.B.	26	
Waiter ...	49	Greece ...	Chronic pulmonary T.B. ...	230	
Domestic ...	20	Western Australia	Pulmonary T.B. ...	8	Readmit (hydropneumo thorax).
Do. ...	37	do. ...	Chronic pulmonary T.B. ...	728	
Plumber ...	57	Victoria ...	do. do. ...	8	
Domestic ...	34	Italy ...	Acute pulmonary and laryn-geal T.B.	189	
Do. ...	53	South Australia...	Chronic pulmonary T.B. ...	1,155	Epileptic.
Do. ...	20	Western Australia	do. do. ...	605	

1934.

OCCUPATIONS—*continued*.

TREATED IN HOSPITAL.

In hospital, 1st January	170
Cases treated, including readmissions	366
Discharged, including readmissions	140
Deaths, including readmissions	82
Remaining in hospital, 31st December	144

FEMALES—

Domestic	101
Aboriginals	6
Shop assistants	4
Typists and clerical	4
Nurses	3
School	1
Infant	1

AGE INCIDENCE.

	Males.	Females.
1—15	3	4
16—20	10	16
21—25	18	20
26—30	29	25
31—35	33	19
36—40	20	9
41—45	16	2
46—50	21	9
51—55	18	6
56—60	26	6
61—65	21	2
66—70	13	2
71—80 +	11	2

DISCHARGES.

MALES—

Stationary	52
Progressive	17
Other than Pulmonary T.B.	18
	<hr/> 87
Pulmonary fibrosis	5
Silicosis	1
T.B. Adenitis	1
Syphilis	1
T.B. spine	6
N.A.D.	3
Bronchiectasis	1

FEMALES—

Stationary	37
Progressive	10
Other than Pulmonary T.B.	6

OCCUPATIONS.

MALES—

Labourers	58
Miners	47
Agricultural, pastoral, farming, orchardists	21
Clerical	19
Shop assistants	11
Railway and tram employees, including fettlers	8
Engineering, motors and electricians	8
Timber workers	6
Lumpers	6
School	5
Stonemasons, builders, etc.	5
Hotel employees	3
Bakers and cooks	2
Commercial travellers	2
Fishermen 3, shearers 3, motor-drivers 4, school teachers 2, hairdressers 2, carpenters 2, painters 2, police constables 2, leather workers 2, nil 6, scafaring 1, jockey 1, wicker-worker 1, sign-writer 1, printer 1, dentist 1, groom 1, plumber 1, tailor 1, smelter 1, caretaker 1	39

T.B. spine	3
Fibrosis of lung	1
Asthma	1
T.B. Adenitis	1

AGE INCIDENCE—DEATHS.

	Males.	Females.
1—20	3	3
21—30	8	10
31—40	13	7
41—50	7	1
51—60	13	1
61—70 +	14	2
	<hr/> 58	<hr/> 24

DEATHS—1934.

Occupation.	Age.	Native of	Cause of Death.	No. of Days.	Remarks.
Ex-miner	49	Jugo-Slavia ...	Silico-T.B., lungs	328	T.B. broneho-pneumonia.
Domestic	38	Jamaica	Pulmonary T.B.	71	Readmit.
Labourer	20	Western Australia	Pulmonary and laryngeal T.B.	122	do.
Domestic	23	do.	Acute disseminated T.B. ...	56	Lungs, liver, spleen, peritoneum
Labourer	19	Scotland	Acute general pulmonary T.B.	68	
Painter	40	Victoria	Acute pulmonary and laryngeal T.B.	99	
Traveller (Commercial)	29	New South Wales	Chronic pulmonary T.B. ...	1,216	Readmit.
Miner	68	England	Silico-T.B., lungs	247	
Domestic	20	South Australia...	Chronic pulmonary T.B. ...	769	do.
Labourer	63	Sweden	do. do.	18	
Railway employee ...	65	South Australia...	do. do.	61	
Nil	33	Jugo-Slavia	do. do.	347	
Miner	62	Victoria	Silico-T.B., lungs	258	
Bank clerk	24	India	Pulmonary T.B.	1,113	
Miner	57	Wales, England...	Silico-T.B., lungs	7	
Do.	60	South Australia...	do.	966	
Wicker-worker	28	Western Australia	Chronic pulmonary T.B. ...	138	Readmit.
Ex-miner	57	New South Wales	Silico-T.B., lungs	1,341	
Domestic	28	Western Australia	Pulmonary T.B.	246	T.B. enteritis.
Do.	32	do.	do.	392	Readmit.
Scaman	40	England	do.	42	
Domestic	71	Victoria	Chronic pulmonary T.B. ...	1,398	do.
Clearer	27	Macedonia	Pulmonary T.B.	1,033	
Miner	53	New South Wales	Silico-T.B., lungs	4	
Domestic	30	Western Australia	Chronic pulmonary T.B. ...	545	do.
Labourer	60	Ireland	do. do.	2,129	
Domestic	35	South Australia...	do. do.	237	do.

DEATHS—1934—*continued*

Occupation.	Age.	Native of:	Cause of Death.	No. of Days.	Remarks.
Ex-miner	67	Sweden	Silico-T.B., lungs	14	do.
Miner	53	Jugo-Slavia	do.	109	
Farm labourer	22	England	Pulmonary T.B.	739	Mental.
Aboriginal	26	Western Australia	do.	404	
Farm labourer	20	do.	do.	332	
Nurse	35	Scotland	Pulmonary and laryngeal T.B.	347	
Tile worker	39	England	do. do. do.	444	Readmit.
Domestic	37	do.	do. do. do.	97	do.
Repairer, G.W.S.	30	Western Australia	Acute general pulmonary T.B.	296	
Plate-layer	58	England	Pulmonary and laryngeal T.B.	69	
Lunper	25	Western Australia	Pulmonary and laryngeal T.B. ; T.B. meningitis	78	Readmit. (Condition became active after operation.)
Domestic	22	do.	Pulmonary and laryngeal T.B.	33	
Miner	61	Italy	Silico T.B., lungs	116	
Policeman	32	Western Australia	Chronic pulmonary T.B. ...	1,319	
Domestic	52	Ireland	do do.	62	
Aboriginal	20	Western Australia	Acute pulmonary T.B. ...	358	
Marine fireman	59	England	Chronic bronchitis with emphysema	2,058	
Motor-driver	22	Western Australia	Chronic pulmonary T.B. ...	51	Readmit.
Nurse	30	do.	do. do.	1,271	do.
Miner	50	Italy	Silico-T.B., lungs	109	
Farmer	32	England	Pulmonary T.B.	197	
Pensioner	72	Victoria	do.	6	
Station hand	62	Australia	do.	97	
Laundress	27	Western Australia	do.	578	
Domestic	25	do.	do.	170	Readmit. (Oral T.B.)
Do.	27	do.	do.	815	Readmit.
Do.	37	England	Pulmonary and laryngeal T.B.	2	
Labourer	55	Victoria	Silico-T.B., lungs	506	
Do.	49	England	Pulmonary and laryngeal T.B.	71	Rectal T.B.
Cook	62	Greece	Pulmonary T.B.	29	
Accountant	57	Queensland	Lupus of face ; T.B. of skin and subcutaneous tissues	70	Epileptic.
Domestic	29	Jugo-Slavia	Pulmonary T.B.	472	Readmit.
Lumper	64	Ireland	do.	271	
Engineer	49	Western Australia	do.	6	T.B. meningitis.
Domestic	33	England	do.	174	
Fish hawker	60	Victoria	do.	199	
Labourer	31	Scotland	do.	322	Readmit.
Railway employee	46	North Wales, England	do.	1,070	
Labourer	37	New South Wales	do.	865	T.B. meningitis.
Domestic	67	Victoria	do.	835	
Engineer	36	England	do.	183	
Miner and prospector	73	Karachi (Scotch parents)	Silico-T.B., lungs	529	
Miner	54	Victoria	do.	331	
Do.	69	Ireland	do.	32	
Domestic	50	Western Australia	Advanced pulmonary T.B. ...	21	
Mine carpenter	53	England	Silico-T.B., lungs	108	
Miner	66	do.	do.	333	
Timber worker	32	Victoria	Pulmonary T.B.	797	Cardiac valvular disease.
Domestic	19	Western Australia	Pulmonary and laryngeal T.B.	28	
Miner	45	Italy	Silico-T.B., lungs	314	Nephritis.
Labourer	37	England	Pulmonary T.B.	205	Cardiac disease (readmit).
Orchardist	31	Wales, England...	Acute pulmonary and laryngeal T.B.	7	
Labourer	33	Ireland	Pulmonary and laryngeal T.B.	187	
Miner	41	South Australia...	Silico-T.B., lungs	290	
Labourer	61	Victoria	Chronic fibroid lungs	19	Hydrothorax.

